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Weekly

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JUNE 30, 1923

GUY P. JONES

Pacific Coast Health Officials in Conference.

The second annual conference of Pacific coast health officials was held in San Francisco, June 26th and 27th. Among those attending were Dr. Paul A. Turner, state health officer of Washington, Dr. Frederick O. Stricker, state health officer of Oregon, Dr. Walter M. Dickie, state health officer of California, Dr. L. M. Powers, health commissioner of Los Angeles, Dr. William C. Hassler, health officer of San Francisco, Dr. F. W. Browning, health officer of Hayward, Dr. William Simpson, health officer of Santa Clara County, a number of other local health officers and physicians, as well as members of the staff of the California State Board of Health. Among the guests were Dr. John A. Ferrell, director of the International Health Board, New York City, Surgeon General Hugh S. Cumming of the United States Public Health Service, Assistant Surgeon Generals J. W. Kerr and W. F. Draper of the United States Public Health Service, Washington, Senior Surgeon J. C. Perry of the United States Public Health Service, San Francisco, Dr. G. K. Olmstead, president of the Colorado State Board of Health, Dr. George Parrish, health officer of Portland, Oregon, and many others. No formal papers were presented but informal, active discussions were held upon such subjects as rabies, plague, leprosy, narcotics, pure depends upon the enforcement of regulations

foods. automobile tourist camps, the health of Indians and the control of communicable diseases on the Pacific coast.

The conference was highly successful and accomplished much in outlining plans for stronger cooperation among health officials of the Pacific coast. Under the new constitution all health officers, all members of state, county and local boards of health and all other persons actively and constantly engaged in public health work within the limits of Washington, Oregon, California, Arizona, Nevada and Idaho and the territory of Hawaii and the Province of British Columbia shall be members of the conference. The regular meetings will be held annually. The 1924 session will be held in Portland, Oregon. Two important resolutions pertaining to the control of rabies and plague on the Pacific coast were introduced and are printed herewith.

RESOLUTIONS ON RABIES CONTROL.

Adopted by Conference of Pacific Coast Health Officials, at San Francisco, June 27, 1923.

WHEREAS, The Pacific Coast Conference of Health Officials meeting this day at San Francisco in its annual conference to consider the problems of public health, finds that rabies is a problem of vital importance to the Pacific coast states, and is an interstate problem, and

WHEREAS, Rabies has become a permanent problem and the disease in animals has become endemic, and

WHEREAS, The spread of the disease of rabies is principally a problem of the control

prohibiting dogs to be at large, except when

immunized to rabies, and

Whereas, The control of rabies may be accomplished by concerted action over large territory; therefore be it

Resolved, that the Pacific Coast Conference of Health Officials go on record as favoring strict regulation and enforcement by their respective states of immunization of all dogs. respective states of immunization of all dogs that are allowed at large; and further be it

Resolved, that immunization be done as a state wide measure without financial gain.

RESOLUTION ON PLAGUE CONTROL.

Adopted by Conference of Pacific Coast Health Officials, at San Francisco, June 27, 1923.

WHEREAS, Plague is a menace to all Pacific coast states; and

WHEREAS, Plague is endemic among ground

whereas, Plague is endemic among ground squirrels in California and there is grave danger of its spread to rats; and Whereas, Human cases of plague have occurred annually in California; and Whereas, The very limited operations for the control of plague have been jeopardized by the lack of adequate appropriations; therefore he it

Resolved, That the Pacific Coast Conference of Health Officials requests the aid of the Surgeon General of the United States Public Health Service in calling the attention of the state and local authorities to the grave menace that exists to the public health and economic welfare of these communities; and be it further

Resolved, That a copy of these resolutions be forwarded to the state health authorities for transmission to the boards of supervisors and city councils of the communities involved.

Scholarships Available to Public Health Nurses.

According to an announcement made by the Committee on Awards of Nurse Scholarship of the American Child Health Association, a sum not to exceed ten thousand dollars has been set aside for scholarships to be made available to nurses for the purpose of furthering the cause of child health. The announcement of the committee reads as follows:

1. More field nurses in rural districts and in cities with preparation for child health work in its various phases; maternal, including prenatal care, infant, preschool and school care.

2. More child health specialists with a general knowledge of public health nursing and an ability to teach and supervise.

3. More administrators, teachers and supervisors in schools of nursing and in public health nursing organizations with a broad knowledge of child care.

4. More educational facilities for child care.

The courses offered must necessarily vary. The committee realizes that the past training and experience of the applicants will make necessary provision does not justify carelessness in relation to infected materials, since one fly which has had access to such material is capable of carrying infection and even death."

for different educational opportunities. These will vary from a short period of observation to a year's college work.

The requirements which the applicants

will be expected to meet are:

- I. Academic standing acceptable to institution to which student may be assigned.
- II. Eligibility for membership in National League of Nursing Education or National Organization for Public Health Nursing.
- III. Effectiveness as a worker and the possessor of a pleasing and favorable personality.
- IV. An appreciation of health standards and a sense of responsibility in maintaining her own health.
 - V. Experience or training in general public health nursing with a special interest in child health, or special training or experience in some phase of child care.

"It is to the everlasting credit of doctors that as a rule they do report contagious diseases though in so doing they incur the displeasure of the family employing them. It is to their credit that they continually strive to prevent the spread of infection, knowing that such a course lessens their income. Reporting of contagious diseases is essential, as not until a report is made can the health officer take action that will prevent infection from reaching others. An early report and prompt quarantine are essential, as contagious diseases are communicable from the beginning of the disease."

"The doctor who is a good citizen will report contagious diseases not alone because it is required by law, but because he is interested in the welfare of the people where he lives. A good citizen will not want to conceal a contagious disease and will not ask a doctor to refrain from reporting it. In fairness to his neighbor and the public, he should let it be known that there is a disease in his house dangerous to others. The easiest way to do this is to have a warning sign placed on his door. He should submit to this gladly. He should do unto others as he would have others do unto him."

"Generally speaking, it is not necessary in this day of the automobile to live with and among hordes of annoying and dangerous flies. We have them largely because there are nearby breeding places. Before the days of the automobile, when the horse was a member of the family, as it were, and the accompanying manure piles or fly nurseries were running full blast, it was by no means easy to keep down the numbers of these pests. The partial elimination of flies in villages following the advent of the automobile is thus largely accidental. This smaller fly population, however,

Millions of Imitation Fruit Drinks Sold Annually.

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The soft drinks consumed in this country in a single year make up a quantity of liquid refreshment so large that it is hard to conceive of such a volume of varicolored and variflavored waters. If our last year's supply had been available to Methusaleh at the beginning of his alleged 969 years ne would have had eight bottles to dispose of every minute of his mortal span. The cold figures estimated by statisticians tell us that each year thirsty Americans consume four billion bottles of soft drinks, and this total does not include beverages, such as near beer, made from cereals. This sparkling flood is poured out from 10,000 bottling establishments and over 110,000 soga counters.

This enormous thirst-quenching industry is a relatively recent development, a result of the rapid commercializing of the discoveries of the chemist. It was not so long ago when bottled sodas were universally known as pop and found their principal market at baseball games, fairs and carnivals. These clear, watery drinks with a flavor usually suggestive of over-ripe bananas were good thirst killers, but provided little delectation for the palate. Had not great changes taken place in the beverage industry it is hardly probable it would ever have grown to present proportions. These improvements lead to the question of the composition of these ubiquitous beverages.

What is in these refreshing liquids which may be bought almost anywhere at a nickel a bottle or glass? Fruit juices? Well, sometimes, but the chemist has simplified the problem of supplying us with a pleasing drink at a low price. He has made marvelous imitations of nature's products and it has now become necessary for other chemists, those employed by the United States Department of Agriculture, to keep watch of the composition of the various drinks under the authority of the Food and Drugs Act which requires that imitations be so labeled. Under this law these drinks are considered foods. Briefly, they are made up of sugar, sparkling water, a fruit acid, and minute quantities of flavor and color.

Necessarily there is a great variation in the makeup of the numerous beverages of this class, but roughly each qualities we sites of su keen intell Roosevelt.

bottle contains about three-fourths of an ounce of sugar and the tart taste is usually imparted by about two grains of citric or tartaric acid. In phosphate drinks phosphoric acid is used for this purpose. In recent years the flavors have increased greatly in variety, including, among others, orange, lemon, lime, cinnamon, neroli, vanilla, coco leaves, kola nuts, wintergreen, prickly ash bark, nutmeg, cloves, geranium, ginger, grains of paradise, sassafras, and sarsaparilla. The flavors are usually made up in alcoholic tincture and five to ten drops used to the bottle.

The skilled chemist has provided a host of flavors which the consumer can not distinguish from the original from Nature's laboratory. He is using aromatic chemicals formerly used only in the perfume industry. The aroma as well as the color and flavor of fruits is being imitated. Orange and grape imitations, perhaps, have been more widely produced than any others.

In making these "fruity" drinks successful efforts have been made to please the eye as well as the palate. The old-fashioned "pop" drinks were clear. Many of the new drinks are cloudy, simulating in appearance fruit drinks containing fruit pulp in suspension. The cloudy effect is produced in various ways—by putting up the flavors with a little gum, such as acacia, tragacanth or Indian gum, and by the use of small quantities of starch.

These modern beverages made to simulate fruit drinks in taste, color, and general appearance, contain nothing dangerous to health, but the Food and Drugs Act demands that such products entering into interstate commerce be labeled for what they are. The concentrated syrups which are used as the base for making up many of the beverages are so marked, but when the drink comes to the consumer in bottle or glass he has no means of knowing whether he is getting the natural product or the imitation unless the state requires that it be shown on the bottle whether or not the product is an imitation.—U. S. Department of Agriculture.

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I pity no man because he has to work. If he is worth his salt, he will work. I envy the man who has a work worth doing, and does it well. There never has been devised, and there never will be devised, any law which will enable a man to succeed save by the exercise of those qualities which have always been the prerequisites of success—the qualities of hard work, of keen intelligence, of unflinching will.—Theodore

Morbidity.*

Diphtheria.

121 cases of diphtheria have been reported as follows: Los Angeles County 13, Los Angeles 35, San Francisco 25, Oakland 11, Bakersfield 6, Long Beach 1, Sacramento County 1, Santa Clara County 4, South Pasadena 2, San Bernardino 1, Hawthorne 1, Santa Rosa 1, Napa County 1, Kern County 2, Daly City 1, Orange County 3, Mayfield 2, Modesto 1, Tuolumne County 1, San Joaquin County 1, Berkeley 3, Merced County 1, Fresno County 2, Contra Costa County 1, San Fernando 1.

Measles.

490 cases of measles have been reported, as follows: O a k l a n d 30, Lodi 29, Pomona 5, Alhambra 8, Los Angeles County 22, Los Angeles 109, San Joaquin County 27, Santa Clara County 25, Gilroy 12, Bakersfield 5, Chico 7, Berkeley 25, Stockton 5, Redwood City 6, Colfax 10, San Mateo 8, Tuolumne County 8, Sacramento County 12, Modesto 5, Palo Alto 12, Burbank 8, San Luis Obispo County 12, Alameda 8, Butte County 3, Covina 2, Richmond 2, Stanislaus County 1, Madera 1, Red Bluff 2, Dinuba 1, Fresno County 1, Sutter County 1, Livermore 3, San Bernardino County 2, San Diego County 4, Pasadena 3, Merced County 2, Santa Monica 2, Calistoga 1, Colusa County 4, Colusa 3, Santa Ana 3, Orange County 2, Petaluma 2, Tulare County 1, Grass Valley 1, Solano County 2, Mill Valley 1, South San Francisco 2, Redondo Beach 1, Placerville 1, Burlingame 1, San Leandro 3, Lompoc 4, Santa Rosa 1, Pacific Grove 2, Santa Barbara County 3, San Bernardino 2, Claremont 4, Willits 1, Napa County 1, Santa Cruz County 2, Dixon 2, South Pasadena 1, Long Beach 4, El Segundo 3, Whittier 4. 490 cases of measles have been reported, as

Scarlet Fever.

108 cases of scarlet fever have been reported, as follows: Los Angeles County 9, Los Angeles 30, San Francisco 19, Pomona 6,
Oakland 8, Chico 2, Chula Vista 1, Tulare
County 1, San Luis Obispo County 1, Santa 26th for week ending June 23d.

Clara County 1, San Bernardino County 1, Marin County 2, Pasadena 3, Reedley 1, Orange County 1, Colusa County 1, Santa Ana 1, San Benito County 1, Hawthorne 2, Colton 2, Long Beach 3, San Bernardino 3, Berkeley 1, Ventura County 1, Bakersfield 1, Fresno County 3, Stanislaus County 1, Riverside 1, Turlock 1.

Whooping Cough.

56 cases of whooping cough have been reported, as follows: Pasadena 7, Los Angeles 9, Los Angeles County 14, Long Beach 6, Oakland 2, Berkeley 1, West Covina 1, San Gabriel 2, San Joaquin County 2, Chula Vista 1, Napa 1, Santa Clara County 2, Monterey County 2, Alameda 2, Orange County 4.

Smallpox.

20 cases of smallpox have been reported, as follows: Los Angeles 7, Ventura County 7, Santa Barbara County 1, Los Angeles County 2, Stanislaus County 1, Modesto 2.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Willits 1, Imperial County 1, Los Angeles 3, Marin County 1, Berkeley 1, Orland 1, San Diego County 1.

Cerebrospinal Meningitis.

Redding reported 1 case of cerebrospinal meningitis.

Epidemic Encephalitis.

San Francisco reported 2 cases and Grass Valley 1 case of epidemic encephalitis.

Rabies (Human).

Los Angeles reported one case of human rabies.

*From reports received on June 25th and

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending	Week ending			Reports for week ending
	June 2	June 9	June 16	June 23 received by June 26	June 3	June 10	June 17	June 24 received by June 27
Anthrax Cerebrospinal Meningitis Chickenpox Diphtheria Dysentery (Bacillary) Epidemic Encephalitis Gonorrhoea Influenza Leprosy Malaria Measles Mumps Pneumonia Poliomyelitis Rabies Scarlet Fever Smallpox Syphilis Tuberculosis Typhoid Fever	0 0 184 136 5 4 118 24 0 2 992 30 67 4 1 161 22 55 92 6	0 2 218 124 5 2 85 20 2 2 1138 32 79 0 0 155 32 67 172	0 4 187 174 5 2 137 15 1 2 1139 25 83 2 0 146 27 156 158	0 1 103 121 0 3 112 15 0 490 12 21 0 1 108 20 121 108 9	0 4 190 160 5 2 118 17 1 3 47 68 103 2 0 102 31 78 244 15	0 1 169 162 11 2 114 13 0 2 50 50 70 0 91 60 119 146 29	0 3 147 140 14 2 71 6 0 1 25 56 55 2 0 90 62 72 142 26	0 2 126 137 3 1 67 3 0 3 45 55 49 1 0 80 25 97 99
Whooping Cough Totals	$\frac{141}{2043}$	2308	165	1301	103	1188	115	911